### 3/7/2011



#### Letter to the Editor

Despite what you have seen, heard, or read, these are the facts of medical marijuana. (there are many studies, websites, and books on this subject):

- Medical marijuana already existed. It is the pharmaceutical called Marinol.
  It was approved by the FDA in 1985 and has been prescribed by doctors
  across the U.S. It is found to relieve nausea, vomiting, loss of appetite
  associated with cancer and AIDS patients.
- 2. A number of studies have been done by the Institute of Medicines and the National Academy of Sciences, showing the active ingredient in Marinol, THC, has great potential in treating Alzheimer's, neuropathic pain and damage in MS, Parkinson's, and reducing tics in Tourette syndrome. They did <u>not</u> recommend the use of marijuana, but the active ingredients could be isolated and developed into a variety of safe pharmaceuticals, such as Marinol to help patients, not <u>add</u> to their original condition.
- 3. The University of Mississippi is the nation's only federally approved marijuana plantation. Researchers from the National institute on Drug Abuse, Public Health Services Panel, the Drug Administration and the FDA do rigorous scientific testing. So far, there is no evidence that marijuana use provides any benefits over current FDA approved therapies.
- 4. Marijuana now is 12 to 15 times stronger than marijuana 15 years ago.
- 5. Since 2005, studies published by the Journal of Psychiatry in the U.S. Britain, and Germany, found marijuana users to have higher risks of developing short term memory loss, Schizophrenia, & psychosis. There is also a higher rate of suicide and commission of homicide in marijuana users.
- 6. The Montana Pharmacy Association of professional pharmacists will not support dispensing marijuana without medical proof of drug effectiveness, adequate dosage guidelines, and FDA approval.
- 7. Since December 31, 2009 there has been a 167% increase in medical marijuana card holders, most claiming to have "chronic pain". This statistic parallels with the rise of teenagers, 18 and younger, "using". Anyone, 18 years and older can go online to get a "doctor's approval" and get a medical marijuana card within 5 minutes. The Montana Board of Medical Examiners has asked lawmakers to have doctors prescribing medical marijuana to hold to the same standards of care as they would with any other patient or prescription.
- 8. The medical marijuana initiative was funded and written by a California based special interest group called "The marijuana special project group".
- 9. In Great falls, alone, in 2010, the number of teenagers taken to the emergency room rose 136% due to marijuana abuse. 98% of the teenagers going before juvenile court are due to crimes committed by

easy access to marijuana. Students using marijuana daily are difficult to educate and many drop out of school. Montana has some of the nations' highest percentages on teen drug and alcohol abuse, deaths due to drug abuse and DUI's, teen pregnancies, and suicide.

10. And finally marijuana is still considered an illegal drug by the Federal Government.

Medical marijuana is being abused in Montana. The best way to stop the epidemic problem that the medical marijuana industry has created is to support House Bill 161. If not this then at the very least it needs to be strongly regulated, have warning labels, dosage guidelines, and age limits just like any other drug, alcohol and smoking.

This is an epidemic that is affecting our schools, work places, and communities. Help our next generations, (Call, write, e-mail, text, or twitter.) Let your voices be heard by our legislators and the Governor.

Charlie & Joel Murdy Belgrade, MT.

#### Sources:

- Mt. Health & Human Services Commission 2010
- Reader's Digest Deadliest Roads Rankings 2010
- New York times 1/8/2010
- Los Angeles Times, Burn out May 2010
- Teen Vogue,
- National Substance Abuse
- The Robert Stutman Group (former agent of U.S. Drug Enforcement administration)
- Family of medicine University of Ottawa 2003
- Institute on Global Drug Policies 2001
- Drug Watch International
- Drug Enforcement Admin. 2009
- Billings Gazette, Diane Cochran, 8/21/2010
- Billings Gazette, Jennifer McKee, 6/10/2010
- Safe Community Safe Kids.org
- Great Falls Tribune, 5/30/2010
- www.justice.gov, 1/13/2011
- The National Cancer Institute
- · National Institute on money in state politics
- laws.leg.mt.gov/laws, 1/4/2011

Montana State Legislature Senate Judiciary Committee Hearing on HB161 3/11/2011

We support HB161

Imagine yourself as a Vice-Principal at a high school such as Belgrade. Sitting across from you is a student that is high from pot he bought legally with his medical marijuana card. You ask the student what are his plans for the future, college, trade school? His answer is I'm going to be a care giver at a medical marijuana dispensary. He can make more money doing this than with a four year business degree and our current law allows it.

The same goes for the teacher looking out her classroom window, across the school parking lot, a few feet away, Seniors enjoying their lunch of medical marijuana laced cookies. And there is nothing anyone can do.

Students with medical marijuana cards or access to medical marijuana through a parent sell 5\$ bowls at lunch time.

These are actual situations that are happening in our Montana high schools. They come as a direct result of the approval of medical marijuana and the school administrators and teachers are powerless to do anything about it. It is the responsibility of the legislature to adequately fund schools. It is also their responsibility to not take actions that impede the schools. All schools are required to meet Adequate Yearly Progress guidelines. How can they expect to meet those requirements if a majority of their time is spent in a continuous cycle dealing with kids using medical marijuana?

Because of the dramatic increase in marijuana use among high school students. Brought on by the availability of medical marijuana. High School administrators in the Bozeman/Belgrade area are looking at ways to <u>lower</u> school standards just to keep kids in school. Otherwise, they are losing the kids through suspensions and dropouts.

This bill is will go along way to reduced marijuana use in our schools. Medical Marijuana is a fallacy there is nothing medical about it. Since the Pure Food and Drug Act was approved in 1906, any drug marketed in the U.S must undergo rigorous scientific testing. This ensures the safety and therapeutic value, are supported by clinical evidence to keep dangerous drugs off the market. [1] Marijuana is not approved by the FDA. Despite the current administrations support of more liberal state marijuana laws, the federal government still discourages research into its medicinal uses. One reason, even though some patients swear by it, there is no good scientific evidence that legalizing marijuana's use provides any benefits over current therapies. [2] A 36 year study by the University of Mississippi, that has the only federally approved marijuana plantation, has shown that marijuana is not medically viable as a medicine. These studies have proven that marijuana is an insidious, physically damaging, mind altering, psychologically addicting drug that makes users irrational and emotionally unstable while damaging their immune system. [9] A study published by the British Journal of Psychiatry in 2005 found that 44.5%, of a sample of Cannabis users were diagnosed with Schizophrenia-spectrum disorders. There was a much higher chance of schizophrenia later in life for males that started using Cannabis at a younger age. [10]

<u>Many legitimate</u> Doctors choose <u>not</u> to recommend marijuana because it causes more <u>known</u> health complications, and addictive effects in <u>addition</u> to the patient's original condition, which are more <u>dangerous</u> than <u>legal anti – emetics</u>. [3], [4]

Medical marijuana already exists. It's called Marinol. It is found to relieve the nausea, vomiting, and loss of appetite associated with treatments for cancer and AIDS patients. Marinol has been studied and approved by the medical community and the FDA. The active ingredient in marijuana – THC – is scientifically regulated in Marinol. There is four times the level of tar in a marijuana cigarette, for example, than in a tobacco cigarette. [5] A low dose of marijuana is 1 joint that costs about \$8.57. The same dose of Marinol costs about \$9.05. However, most insurance companies cover marinol which costs the patients \$0 to \$20 co-pay per prescription. [6]

The Montana Pharmacy Association of professional pharmacists will <u>not</u> support dispensing marijuana until <u>medical</u> research proves the drug's effectiveness. Pharmacists are allowed to dispense <u>only</u> drugs that are FDA approved. There is currently no accepted medical use for marijuana according to the U.S. Food and Drug Administration. Marijuana is <u>still</u> considered an illegal drug by the federal government. [7]

The initiative that put medical marijuana in place was passed with the idea of giving relief to people with no other alternative. There are other alternatives. The persons truly in need of relief are the ones most hurt by medical marijuana. People are being sold, uncontrolled, untested, unproven product with no safety controls, at a premium. I have spoken to many people that voted for the initiative, and they say, if they knew then, what they know now, they would never have voted for it. The initiative was written and funded by the Marijuana Policy Project, a California based organization. They paid \$554,505.00, 99% of the cost to promote the initiative. It never was a Montanan driven initiative. We are unknowingly supporting the illegal drug market that is in partnership with our meth problem in Montana, and this will get worse.

Robert Stutman, a former special agent of 25 years with the U.S. Drug Enforcement Administration, states that there are three absolute facts that many Americans fail to understand. First, law enforcement will never make drugs completely unavailable in the U.S. Second, most adults know almost nothing about the world of kids and drugs. And third, drugs are devastating our communities, homes and workplaces, and we fail to deal with this in a way that will make a substantial change. [8] Now as a legislative body there is a chance to make change. If you don't approve this bill you further legitimize the use of marijuana. You send the message to our children and the public as a whole that marijuana really isn't bad for you when in reality study after study tells of the harmful permanent affects of marijuana use, especially when started at a young age. However, if you approve this bill you are taking a positive stand for our children and society as a whole. You are saying "NO I WILL NOT LET THIS INSIDIOUS DRUG CONTINUE TO DAMAGE OUR CHILDREN".

## In conclusion:

- Medical marijuana is in our schools and is having a detrimental affect on education and safety.
- Medical marijuana is uncontrolled, untested, unsafe, and is not approved by the FDA.

- There is an FDA approved safe alternative to Marijuana called marinol those most insurance companies cover the costs of.
- Marijuana is known to be harmful to those that use it.
- Marijuana is considered an illegal drug by the Federal Government.
- The initiative that put marijuana in our schools was passed because of mis-leading ads funded by an out of state special interest group.
- The best solution is to repeal the medical marijuana law.

We ask that you do what is truly right for all the people of this state by approving this bill and repeal the medical marijuana law.

Respectfully,

Joel & Charlie Murdy 1003 E. Silverbow Belgrade, MT 59714

Attached to this letter are newspaper and magazine articles, other actual accounts, & investigative reports on how to get a green card within 8 minutes that give even more insight to the detrimental affect medical marijuana is having on our children, families, and society as a whole.

# Sources

- 1. 5/9/2009 USDEA Drug Enforcement Administration.
- 2. 1/8/2010 the New York Times, Children, Families, Health, and Human Services Interim Committee.
- 3. 9/9/2003 Dr. Barry Dworkin Family Medicine University of Ottawa.
- 4. 12/3/2001 Dr. Eric Voth, Chairman of Institute on Global Drug Policy.
- 5. 1/13/2011 <a href="http://www.justice.gov/dea/ongoing/marinolp.html">http://www.justice.gov/dea/ongoing/marinolp.html</a> The National Cancer Institute.
- 6. <a href="http://medicalmarijuana.procon.org">http://medicalmarijuana.procon.org</a>
- 7. 6/10/2010 Jennifer McKee Gazette State Bureau.
- 8. The Stutman Group
- 9. <a href="http://www.drugabuse.gov/infofacts/marijuana.html">http://www.drugabuse.gov/infofacts/marijuana.html</a>
- 10. The British journal of Psychiatry (2005) 187:510-515